PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

	Attorney Docke	t Number	44018-0001			
DECLARATION FOR UTILITY OR DESIGN	First Named Inv	entor	INGRAHAM			
PATENT APPLICATION	со	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Num	ber				
Declaration Declaration	Filing Date					
Submitted OR Submitted after Initial Filing (surcharge	al Group Art Unit					
Filing (37 ČFR 1.16 (e)) required)	Examiner Name					
As a below named inventor, I hereby declare that:	As a below named inventor. I hereby declare that:					
My residence, mailing address, and citizenship are as stat	ed below next to my name	e.				
I believe I am the original, first and sole inventor (if only or	e name is listed below) o	r an original, f	irst and joint inventor (if plural			
names are listed below) of the subject matter which is clair	med and for which a pate	nt is sought of	n the invention entitled:			
DACE CION LITTU INTE	CODAL CICNACE A	MEMIL	on For			
BASE SIGN WITH INTE	FABRICATION	MD MEIN	JD FOR			
	0.0					
•	he Invention)					
the specification of which						
X is attached hereto						
OR						
was filed on (MM/DD/YYYY)	as United St	ates Applicatio	on Number or PCT International			
			•			
Application Number and was a	amended on (MM/DD/YY)	m	(if applicable).			
Application (database)	and was amended on (MM/DD/YYYY) (if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
Lacknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-						
in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant below and the service of the control of the service of th						
application on which priority is claimed. Prior Foreign Application Number(s) Country	Foreign Filing Date Priority Certified Copy Attac					
	(d YES NO			
Additional foreign application numbers are listed on a	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

[Page 1 of 2]

PTD/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0851-0032

U.B. Penent and Tredemark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a vest OMB control number.

DECLARATION — Utility or Design Patent Application

	المستحديث والتراجع والمتحدث وا	_				
Direct all correspondence to: X Customer Number or Ber Code Label OR Correspondence address below						
Name Robert M. Schwartz, Esq.						
Namo	RUDEN, McCLOSKY, SMI			& B	USSELL, P.A.	
A 1.4	200 East Broward Bou	leva	rd		•	
Address	200 2002 210022	==:=				
City	Fort Lauderdale			Stat	Florida	ZIP 33301
,	USA	Telep	, ноля(954) 5	27-6252	(954) 333-4252
Country I hereby decisive that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are purishable by time or imprisorment, or both, tinder 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF S	OLE OR FIRST INVENTOR :		A petition h	as b	een filed for this un	signed inventor
Given Name INCRAHAM Family Name Larry G. (first shid middle [ff anys)— or Sumame				ry G.		
June 6, 2001 Signature Date						
	oris /		Ohio		USA	USA
Residence: Ch			State		Country	Chizanship
1703 N. Union Street						
Mailing Address			Ohio		44830	USA
Fostor	Le		State		ZIP	Country
	ECOND INVENTAD.		A petition ha	s be		aned inventor
NAME OF SECOND INVENTOR: A petition has been filled for this unsigned inventor Family Name						
(first and middle [if any]) or Sumame						
Inventor's Signature						Deta
		\Box				
Residence: Ci	tty .	_ [State		Country	Cittzenship
Mailing Address						
City		_ }	State	{	ZIP	Country
Additional inventors are being named on thesupplemental Additional inventor(a) sheet(a) PTO/SB/02A attached hereto.						

[Page 2 of 2]

Signature

forms if more than one algorature is required, see below*.

forms are submitted.

Please type a plus sign (+) theide this box					
Under the Paperwork Reduction Act of 1985, no persons are required to re	U.S. Palant a depond to a collection	Approved for and Trademark Off and Information un	PTO/ use through 10/31/2002. OA fica; U.S. DEPARTMENT OF Ness it display a valid OMB o	E6/81 (02-01) VB 0651-0096 COMMERCE	
	Application Number			oneo numon.	
1	Filing Date				
POWER OF ATTORNEY OR	First Named In		Ingraham	***	
AUTHORIZATION OF AGENT	Title		GNAGE AND METH	NIEGRAL OD	
AUTHORIZATION OF AGENT	Group Art Unit				
	Examinar Nam				
	Attorney Docks	R Number	44018-0001		
			·	1	
I hereby appoint:	.	·		<u> </u>	
Practitioners at Customer Number	ADDITION OF BUT CODE				
Practitioner(s) named below:			Label here		
Name		Dlate		-	
Robert M. Schwartz		Registration Number 29,854			
·			Ł	-	
				-	
				-	
as my/our attorney(s) or agent(s) to prosecute the a	ennileation ider	othind above		~	
positions of the Chilad States Patent and Trademar	k Office conna	icted therewit	th_		
Please change the correspondence address for the	above-identific	ed application	n to:		
The above-mentioned Customer Number.		• •			
OR Practitioners at Customer Number			Place Customer		
OR			Number Bar Code Label here		
Firm or					
Individual Name	····				
Address					
Address					
City	Sta	le	Zip		
Country					
Telephone	Fax				
l am the:					
X Applicant/Inventor.					

Burden Hour Riguement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the smooth of time you are required to complete the form should be sent to the Chief Information Officer. U.S. Patent and Tradenterk Office, Washington, OC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Bignatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

SIGNATURE of Applicant or Assignee of Record

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

2061

PATENT ASSIGNMENT

WHEREAS, LARRY G. INGRAHAM, of 1703 N. Union Street, Fostoria, Ohio 44830, the named inventor of Baseboard With Integral Sign And Method For Its Fabrication, for which a Provisional Patent application was executed on the date of execution of this assignment;

ROPPE CORPORATION, an Ohio Corporation, doing business at 1602 N. Union Street, Fostoria, Ohio 44830-1158, is desirous of acquiring the entire interest in said invention, and in any and all Letters Patent of the United States that may be obtained therefor;

NOW, THEREFORE, it is known that for and in consideration of Ten and No/100 (\$10.00) Dollars and other valuable consideration, the receipt and sufficiency whereof are hereby acknowledged, I, LARRY G. INGRAHAM, have sold, assigned and transferred, and by these presents do sell, assign and transfer unto ROPPE CORPORATION, its legal representatives, successors and assigns, the full and exclusive right to the said invention as fully set forth and described in the abovementioned application, and to said application and any and all divisions and continuations thereof, and any and all Letters Patent of the United States which may be granted therefor, and any and all reissues of said Letters Patent, the same to be held and enjoyed by ROPPE CORPORATION, its legal representatives, successors and assigns, to the full end of the term for which said Letters Patent may be granted or may be reissued or extended, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

AND I hereby authorize the Commissioner of Patents to issue any and all Letters Patent of the United States on said invention or resulting from said Application and from any and

all divisions and continuations thereof to ROPPE CORPORATION, as the assignee of the entire right, title and interest in and to the same.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this 7^{7H} day of June, 2000.

In the presence of:

LARRY G. INGRAHAM



UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office

ASSISTANT SECRETARY AND COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

AUGUST 10, 2000

PTAS

ROBERT M. SCHWARTZ, P.A. ROBERT M. SCHWARTZ 169 E. FLAGLER ST. SUITE 1125 MIAMI, FL 33131-1205



UNITED STATES PATENT AND TRADEMARK OFFICE NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 06/09/2000

REEL/FRAME: 010858/0261

NUMBER OF PAGES: 4

BRIEF: ASSIGNMENT OF ASSIGNOR''S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

INGRAHAM, LARRY G.

DOC DATE: 06/07/2000

ASSIGNEE:

ROPPE CORPORATION 1602 N. UNION STREET FOSTORIA, OHIO 44830-1158

SERIAL NUMBER: 60210650

PATENT NUMBER:

FILING DATE: ISSUE DATE:

ANTIONE ROYALL, EXAMINER ASSIGNMENT DIVISION OFFICE OF PUBLIC RECORDS

FORM PTO-1619A Expires 06/30/99 OMB 0651-0027

06-21-2000



U.S. Department of Commerce Patent and Trademark Office **PATENT**

101385747

RECORDATION FORM COVER SHEET				
		PATENTS ONL	Y tookad ariginal dasu	
	of Patents and Trademarl	Conveyance Type	tacned original docui	<i>←</i> 22
Submission Type			Security Agree	mont 9
X New		X Assignment		
Resubmission (Nor Document ID#	1-Recordation)	License	Change of Nan	ne
Correction of PTO Reel #	Error Frame #	Merger	U.S. Government	
Corrective Docume	ent Frame #	·	ONLY by U.S. Government artmental File	Agencies) Secret File
Conveying Party(ies		Mark if additional n	names of conveying parti	es attached Execution Date Month Day Year
	HAM, Larry G.			6/7/00
Name (line 2)				Execution Date
Second Party				Month Day Year
Name (line 1)				/ 50145 50
Name (line 2)				027016050
Receiving Party		Ma	rk if additional names of	receiving parties attached
Name (line 1) Roppe	<u>Corporation</u>		·	If document to be recorded is an assignment and the receiving party is not
Name (line 2)				domiciled in the United States, an appointment of a domestic
Address (line 1) 1602	N. Union Stree	et		representative is attached. (Designation must be a separate document from
Address (line 2)				Assignment.)
Address (line 3) Fosto	oria City	Ohio State/Country	44830 Zip)-1158 Code
Domestic Represer	ntative Name and A	ddress Enter fo	or the first Receiving Part	y only.
Name				
Address (line 1)				
Address (line 2)				
Address (line 3)				
Address (line 4)				
		FOR OFFICE USE ONLY	,	
2000 MMARMOL 00000047 602 581	210650 40.00 OP	FOR OFFICE USE ONLY		

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

U.S. Department of Commerce

Expires 06/30/99 OMB 0651-0027	F1017D	Page 2	PATENT PATENT	
C rrespond	ent Name and Address Ar	ea Code and Telephone Number	305-373-7600	
Name	Robert M. Schwartz			
Address (line 1)	Robert M. Schwartz, 1	P.A.		
Address (line 2)	169 E. Flagler Street	t		
Address (line 3)	Suite 1125			
Address (line 4)	Miami FL 33131-1205			
Pages	Enter the total number of pages of including any attachments.	of the attached conveyance docur	ment # 2	
	Number(s) or Patent Number		additional numbers attached	
	he Patent Application Number or the Patent			
Pat	tent Application Number(s)	Paten	t Number(s)	
	7 [
			ion was Month Day Year	
If this document i	is being filed together with a <u>new</u> Patent App st named executing inventor.	plication, enter the date the patent applicati	on was Month Day Year	
1 -	peration Treaty (PCT)	PCT PCT	PCT	
Ente	er PCT application number <u>v if</u> a U.S. Application Number PC	PCT	РСТ	
	<u>y if</u> a U.S. Application Number PC not been assigned.	PCI		
Number of F	Properties	umber of properties involved.	#	
Fee Amoun	Fee Amount for P	roperties Listed (37 CFR 3.41):	\$ 40.00	
Method of Payment: Enclosed X Deposit Account Deposit Account				
(Enter for payment by deposit account or if additional fees can be charged to the account.)				
	Depos	sit Account Number:	# 19-0734	
	Autho	orization to charge additional fees:	Yes X No	
	and Signature			
To the	e best of my knowledge and belief,	the foregoing information is true	and correct and any	
	ned copy is a true copy of the origin	nal document. Charges to deposi	t account are authorized, as	
indica	ted herein.	1/4,111	1/2/2	
Robert	t M. Schwartz	C/M./M/	6/9/2000	
	e of Person Signing	Signature	Date	